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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# **EASTERN DIVISION**

In re:	Silas, Mon	ice M	§	Case No. 07 B 24418	
	Debtor		<b>§</b> <b>§</b>		
	Debtoi		§		
	СНАРТ	TER 13 STANDING TRU	JSTEE'S FI	NAL REPORT AND ACCOUNT	
N a	Aarilyn O. M dministratio	Iarshall, chapter 13 trustee, sub n of the estate pursuant to 11 U	omits the follo J.S.C. § 1302(	wing Final Report and Account of the b)(1). The trustee declares as follows:	
		_			
	1)	The case was filed on 12/28/2	2007.		
	2)	The alexages confirmed on 0	2/20/2000		
	2)	The plan was confirmed on 0	2/28/2008.		
	3)	The plan was modified by ore	der after confi	rmation pursuant to 11 U.S.C. § 1329	
o	on (NA).	The plan was mounted by ore	der arter comm	mation pursuant to 11 0.3.C. § 1329	
	4)	The trustee filed action to ren	nedy default h	y the debtor in performance under the	
p	olan on 10/15		nedy default o	y the debtor in performance under the	
	5)	The case was completed on 0	M/07/2010		
	3)	The case was completed on o	14/07/2010.		
	6)	Number of months from 61:n	~ ~~ ~~~~~	n to lock normants 20	
	6)	Number of months from filin	g or conversion	n to last payment: 28.	
	7)	Number of months assa was	nonding 21		
	7)	Number of months case was	penumg. 34.		
	8)	Total value of assets abandon	ned by court or	der (NA)	

10) Amount of unsecured claims discharged without full payment: \$14,680.04.

9) Total value of assets exempted: \$1,425.00.

11) All checks distributed by the trustee relating to this case have cleared the bank.

### **Receipts:**

Total paid by or on behalf of the debtor \$11,713.56

Less amount refunded to debtor \$0.03

**NET RECEIPTS:** \$11,713.53

# **Expenses of Administration:**

Attorney's Fees Paid Through the Plan \$2,920.00

Court Costs \$0

Trustee Expenses & Compensation \$747.09

Other \$0

#### TOTAL EXPENSES OF ADMINISTRATION:

\$3,667.09

Attorney fees paid and disclosed by debtor \$854.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Advanced Medical Imaging Center	Unsecured	\$9.58	NA	NA	\$0	\$0
AmeriCash Loans LLC	Unsecured	\$2,784.79	\$3,250.51	\$3,250.51	\$3,250.51	\$179.89
Capital One	Unsecured	\$492.03	\$631.93	\$631.93	\$631.93	\$34.98
Capital One	Unsecured	\$1,069.54	\$1,143.59	\$1,143.59	\$1,143.59	\$63.30
Chicago Lake Shore Medical	Unsecured	\$760.75	NA	NA	\$0	\$0
Great Lakes Specialty Finance	Unsecured	\$0	NA	NA	\$0	\$0
LCA Collections	Unsecured	\$45.34	NA	NA	\$0	\$0
Michael A Guthrie	Unsecured	\$1,557.10	NA	NA	\$0	\$0
Midwest Bank & Trust	Unsecured	\$625.82	\$680.82	\$680.82	\$680.82	\$50.05
Midwestern Regional Medical Cente	r Unsecured	NA	\$281.64	\$281.64	\$281.64	\$15.63
Patient First	Unsecured	NA	\$203.73	\$203.73	\$203.73	\$11.34
Peoples Energy Corp	Unsecured	\$117.00	NA	NA	\$0	\$0
Synergy Medical Associates	Unsecured	\$46.06	NA	NA	\$0	\$0
Universal Lenders Inc	Unsecured	\$1,222.63	\$1,420.47	\$1,420.47	\$1,420.47	\$78.56
University Of Chicago Medical Cent	E Unsecured	\$796.56	NA	NA	\$0	\$0
University Of Chicago Medical Cent	E Unsecured	\$5,223.33	NA	NA	\$0	\$0
University Of Chicago Medical Cent	E Unsecured	\$5,840.70	NA	NA	\$0	\$0
						(Continued)

Scheduled Creditors: (Continued)						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
University Of Chicago Physicians	Unsecured	\$123.62	NA	NA	\$0	\$0
Xpress Cash	Unsecured	\$160.00	NA	NA	\$0	\$0

Summary of Disbursements to Creditors:			
-	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$0	\$0	\$0
Mortgage Arrearage	\$0	\$0	\$0
Debt Secured by Vehicle	\$0	\$0	\$0
All Other Secured	\$0	\$0	\$0
TOTAL SECURED:	\$0	\$0	\$0
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0	\$0	\$0
Domestic Support Ongoing	\$0	\$0	\$0
All Other Priority	\$0	\$0	\$0
TOTAL PRIORITY:	\$0	\$0	\$0
GENERAL UNSECURED PAYMENTS:	\$7,612.69	\$7,612.69	\$433.75

Disbursements:						
Expenses of Administration	\$3,667.09					
Disbursements to Creditors	\$8,046.44					
TOTAL DISBURSEMENTS:		\$11,713.53				

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: October 5, 2010 By: \_/s/ MARILYN O. MARSHALL
Trustee

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.